patients pourrait permettre de corréler les facteurs limitants à l'EDSS ou à la durée d'évolution de la maladie.

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Oral communications

English version

CO04-001-e

Multiple sclerosis, emotions and social cognition

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Keywords: Multiple sclerosis; Alexithymia; Theory of mind; Emotion; Cognition

Emotional processes are governed by the areas and neural systems that can be explored MRI (amygdala, orbitofrontal cortex, cingulate cortex, insula). It is now possible to explore by MRI, using techniques based on functional MRI and diffusion tensor including (anatomical and functional connectivity).

These processes seem disturbed in MS. Indeed, the motor and neurosensory disability is associated with cognitive disorders, mood disorders, and emotional and socio-cognitive deficit.

Emotions play a critical role in the organization of social processes in different areas of cognition (memory, attention decision). Besides alexithymia (difficulty verbalizing emotional experiences, fantasy poverty), social cognition is the skill set that allows us to interpret and predict the behavior of others. Their disruption involved in these patients with behavioral problems and social adjustment. Tools to explore these disturbances, including the study of facial expressions (perception of primary emotions), and theory of mind (attribution of thoughts to others).

Their management is insufficient. The detection and treatment of emotional disorders (in addition to cognitive impairment, fatigue and mood disorders) is desirable for these patients to maintain social and family life, and improve quality of life. It has not been shown that treatments, currently used in MS, are effective in this area. The establishment of workshops rehabilitation would be useful.

Further reading

Banati M, Sandor, J., Mike, A., Illes, E., Bors, L., Feldmann, A., Herold, R. & Illes Z. (2009). Social cognition and Theory of Mind in patients with relapsing-remitting multiple sclerosis. European Journal of Neurology, 17(3), 426-433.

Henry A, Tourbah A, Chaunu MP, Rumbach L,Montreuil M, Bakchine S. Social Cognition Impairments in Relapsing-Remitting Multiple Sclerosis. J Int Neuropsychol Soc (2011), 17, 1122-1131.

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CO04-002-e

Clinical impacts of group cognitive remediation on day-to-day functioning in multiple sclerosis patients

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Keywords: Multiple sclerosis; Cognitive rehabilitation

Cognitive disorders in multiple sclerosis (MS) are now well established and make this population more vulnerable in many areas. Nevertheless, the management of these patients remains poorly developed [1].

To address the difficulties faced by some MS patients who complain about cognitive disorders, we created a group remediation programme (''groupe Cognition SEP'') whose main goals are as follows: to support patients towards a better awareness of cognitive changes, to identify challenging situations in their daily lives and to help them address those situations. So our remediation approach is based on facilitation techniques.

Each group consists of no more than 4 to 6 participants. Patients are included in the programme after a neuropsychological assessment. The programme is made up of 10 sessions (one session of 1h15 per week). Questionnaires are administered during the first and the last session. The running of all other sessions is similar: a cognitive function or a particular process (long-term mensic functions, working memory, attention functions, executive functions, social cognition) is introduced, exercises linked to this function or process are suggested, a discussion is initiated.

The objective of our programme is to measure, in 16 participants, the impact of the ''cognition SEP'' remediation programme on two main aspects: quality of life and cognitive complaint. We proposed three questionnaires: SEP-59, MNSQ and a questionnaire assessing participant's level of satisfaction and the perceived impact on their functioning. At the beginning and at the end of the programme, these questionnaires are filled by the patients and by a close relation for some of the questionnaires.

Data analysis suggests that the ''cognition SEP'' programme has an impact on our MS patient's level of functioning in their daily lives, which shows that this kind of management is interesting at a clinical practice level.

Reference

[1] Brissart H, Leroy M, Debouverie M. Première évaluation d'un programme de remédiation cognitive chez des patients atteints de sclérose en plaques: PROCOG-SEP. Rev Neurol 2009.

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Swallowing disorders evaluation in multiple sclerosis

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Introduction.– Swallowing disorders are often not evaluated in multiple sclerosis while their prevalence is estimated between 24% to 43% depending on the study and the population.

The aim of our study was to determine the prevalence of different symptoms of swallowing disorders, the relationship between these symptoms, and the link between choking and clinical criteria for multiple sclerosis.

Methods.– This is a retrospective study of prospectively collected data, taking exams orthophonic of MS patients and followed between 2010 and 2012. All clinical criteria for the disease have been identified as presenting symptoms and test results swallowing. Chi^2 tests or Fisher were used according to the numbers.

Results.– Forty-six patients (age 49.8 ± 11.68, 74% women) were included. The median level of disability measured by the EDSS was 6.5 (min: 2, max: 8), secondary progressive form was the most represented (65.2%) with a mean disease duration of 20 ± 12.13. Swallowing disorders most frequently found were tonus disorders and orofacial motor (65%), the abolition of the gag reflex (65%), oral stasis post swallowing (60%) and the extension of meal time (60%). 76% of patients reported false routes but only 10.9% were objectified in swallowing tests. The EDSS was significantly higher ($P = 0.0004$) in these patients. The cough reflex and working of the soft palate were most often normal (95% and 76%). Disorders tone seemed predictors of false paths ($P = 0.032$) and increased with EDSS ($P = 0.041$). Stasis mouth were more frequent in patients with motor disorders ($P = 0.0177$) and difficulty chewing ($P = 0.014$).

Conclusion.– Symptoms of swallowing disorders increases with EDSS, a more accurate assessment of these disorders should be routinely performed.

Further reading

De Pauw A, Dejaeger E, D'hooghe B, Carton H.Dysphagia in multiple sclerosis. Clin Neurol Neurosurg. 2002 Sep;104(4):345-512.

Thomas FJ, Wiles CM. Dysphagia and nutritional status in multiple sclerosis.J Neurol. 1999 Aug;246(8):677-82.

http://dx.doi.org/10.1016/j.rehab.2013.07.908